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# Steps in the Evolution of Baby Welfare Work in Chicago

Development from 1905 to 1914

together with

Items of Interest Concerning Infant  
Welfare Work in Germany,  
France and England

BY

SHERMAN C. KINGSLEY  
DIRECTOR, ELIZABETH McCORMICK MEMORIAL FUND

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**ELIZABETH MCCORMICK FRESH AIR TENT FOR SICK BABIES**

The tents are 14x18 feet, the floors of 6-inch pine flooring, the sides 4"x $\frac{3}{4}$ " tongued and grooved hard pine, planed on inside, rough outside. The whole tent is collapsible. The floor is made in sections, the sides also, held in place by slide bolts. The roof is made fast by angle irons and set screws. The roof is of 10-ounce canvas, double, in order to provide an air chamber; the upper roof extending over on both gables and sides. Canvas flaps, rigged to raise and lower from inside, shut out storms. The open zone around the tent is covered with cheese cloth screens.

These tents, securely fastened, have stood all kinds of weather, and some of them have been used through the winter as open air schools. The cost of the tent is approximately \$250.00. The tents are provided with beds and hammocks, accommodating from 10 to 20 babies. Electric lights, fan and telephone are installed in each tent. Hot and cold water are provided in a tent used as a receiving room or in a room adjacent. This is necessary to make a complete equipment. Two nurses and an interne are in constant attendance. For more detailed information, address the Elizabeth McCormick Memorial Fund, 315 Plymouth court, Chicago.





## STEPS IN THE EVOLUTION OF BABY WELFARE WORK IN CHICAGO.

In the summer of 1905 a specially constructed tent-house, bearing the inscription, "Fresh Air Station for Sick Babies," was placed on a small plot of ground in front of the Northwestern University Settlement, located on the corner of Augusta and Noble Streets. This is one of the most thickly settled districts in Chicago. Two and three-room homes abound in the tenements which crowd each other in this wilderness of squalid houses. The region richly illustrates what Mrs. Bacon calls "the essential unrighteousness of the 25-foot lot," for often there is a building on the street, one in the middle of the block, and one in the rear on the alley. The locality is familiar to relief workers, probation and school attendance officers, nurses, doctors, rent and insurance collectors. Relief and Aid Society workers were called frequently to families in this section. They often found an emaciated baby whose food was in a sour, ill-smelling bottle, or consisted of whatever-the-family-happen-to-have, and the baby's caretaker, a "little mother" or an elderly woman, full of superstitions, whom the mother had been able to secure so that she herself might go out to work washing, scrubbing, tailoring, or whatever she could get to do. Especially in the summer time, many babies fell ill and the white hearse was busy in the streets.

Relief workers found great difficulty in persuading mothers to take their children to the hospitals. Many of them could not speak English, and had come from countries where they had acquired a deep-seated belief that hospitals used sick folk as clinical material. The "black bottle" and other superstitions held terrors for these people, which were often beyond the persuasion of the friends who urged hospital care.

Many mothers had the same point of view as the Greek mother of little Nicholas, whose story is recorded by the Visiting Nurses. The nurse was urging her to carry Nicholas—three months old, and the first son—to the tent and leave him there. "If he were not a baby, nurse, perhaps I could—



but would those nurses there understand his baby-Greek? Me, his mother, I understand, but he no talk English baby-talk yet."

The tent station aimed to give tangible evidence that the city was interested in the kind of reception and care its little citizens received. The effort was very definite and concrete, for it planned not only to help babies actually known to visitors, but others, like them, hidden in the tenements and in need of help. The tent itself and all its appointments were of such simplicity that even the most superstitious parent could see and understand. She could bring her baby in her arms, and once arrived at the station, children did not disappear through doors and corridors, lost from the mother's sight in the labyrinths of a building full of mysterious places, as was often the case in hospitals. The mother could sit by and see all that the doctor did in his diagnosis, and she had the benefit of observing bathing and other care given by the nurse. Everything was in view, and if, when the child was ready for the tent, the mother did not yet have full confidence, she could sit down by the cot, and if it were a nursing baby, could return at intervals to feed it.

Then, too, the tent was in charge of a nurse from the Visiting Nurse Association. This organization has co-operated closely and has been an integral part of the tent work from its beginning. The nurse was already a more or less familiar figure in the neighborhood—a woman who, by her kindly and efficient ministrations to the sick and needy in these tenement homes, had won her way to the hearts of many bewildered mothers, as perhaps only the nurse knows how to win it; for her ministrations in relieving suffering overleap the barriers of language, misunderstandings and prejudice.

Moreover, a room in the settlement was used as a receiving room, and here again many neighborly services in all kinds of trouble had won the confidence of the people.

This, then, was the appeal of the tent. It helped to socialize medical care. It was a resource for the sick baby, which met him more than half way, and the mothers understood and responded.

Doctors were on hand to diagnose and to give medical at-



**SUMMER TENT STATION ON ROOF OF MARY CRANE NURSERY. IN WINTER  
THE SITE IS USED AS AN OPEN AIR SCHOOL**

tention, and the nurses not only cared for the children while they were in the tents, but followed them to their homes and endeavored to make conditions there as nearly right as possible for the baby. Except in extreme cases, the tent gave day care only. The hospital was always urged for babies too ill to be taken home nights, and the parents responded to this advice increasingly as their confidence was won.

However, with all this simplicity, in the earlier days there were many mothers who would walk back and forth past the tents several times before they would yield to the desire to come in. Then, step by step, they would let the baby be examined and cared for and perhaps placed in the tent. They would go away, only to reappear in a short time, walking hurriedly up the street. They could peer in at the door or come in, and when they found that the baby had not been spirited away, had not been operated upon, and nothing untoward had happened, they gradually acquired full confidence. This was the response of the mothers of the neighborhood.

The tent was in operation ten weeks during the summer of 1905, beginning on the first of July. One hundred and thirty-three babies were cared for; 96 of these recovered, 28 improved, 4 were dismissed to hospitals, and 5 had died when the tent closed.

The annual report of the Visiting Nurse Association for 1905 stated: "In giving the nursing care in the baby tent we gained a foothold with these people that could not have been secured in any other way. It gave us entrance into their homes, and the result has been that they voluntarily send for the nurse now, and the work has grown in that locality so that a special district has been opened."

The experience also made a deep impression upon the settlement people. They found the work a distinct benefit to both mother and child, and felt that through this vital relationship they had gained a firmer hold on the affections and confidence of the people than ever before.



**THE ONLY ACCOMPLISHMENT OF HIS HANDFUL OF DAYS WAS TO MAKE WORKERS  
WHO KNEW HIM FURTHER RESOLVE TO REMOVE EVERY  
DANGER POSSIBLE FROM BABYLAND**

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The work was a revelation to almost everybody who visited the tents. The results of untoward conditions were painfully visible in the emaciated bodies of the babies, for they revealed the effects of improper feeding and care. Even in the heat of summer many were kept between dirty feather beds; others had never had a drink of water; they were the victims of beliefs about not washing or touching the head in certain kinds of illness; they suffered from every imaginable superstition, neglect and wrong kind of care in stifling, ill-odored tenements.

A large number of visitors not only from Chicago, but from other cities, came to see this simple experiment. All who visited went away with new convictions about the problem and the necessity of doing something for babies. It needed only an initial interest in the babies of this district to lead to the discovery that, while the problem was acute here, it was not at all confined to the tenements, but was world-wide. This movement was one way of introducing the problem, and it helped to crystallize sentiment and to get action.

From 1906 to 1909 there was a slight increase in the number of tent stations, but there was a wide and rapid growth in the consciousness of the community on the baby problem. In each instance the station went into the heavy mortality wards. The roof of the Mary Crane Nursery building gave a suitable location for work among the Italians and Greeks. At the Henry Booth settlement a station was opened for the Ghetto mothers, and another was begun at the University of Chicago settlement for the people of the stockyards district. In each instance there was a friendly group of people who had won the confidence of its community. To all of these stations babies came in increasing numbers during the summer months, and each family story gleaned from the broken English of the mothers threw more light on the cause and conditions which were responsible for the waste of infant life.

While these stations did not have the advantages possessed by the Daily News Sanitarium and La Rabida, which had been in existence in their beautiful settings on the lake front for a number of years, affording sick children the beneficial results of the lake breezes, and the attractive location,

they had the great advantage of being close to the homes of the people. Because mothers could bring the babies in their arms, without the expense or the inconvenience of a long street car ride, the stations attracted many of the poorest, most superstitious and needy people. Both mothers and fathers were encouraged to visit the tents freely, and the nurse, in turn, visited the homes. There was this constant shuttle-like interplay which helped to weave the thread of a better understanding into the social fabric, something usually lacking in the hospital regime.

An important step in the co-ordination and co-operation in Chicago's philanthropic work was achieved in the spring of 1909, when the Relief and Aid Society and the Bureau of Charities consolidated, forming the United Charities of Chicago. This union paved the way for a better spirit of team work in the whole great field of social work of the city.

Closely following this event, the Elizabeth McCormick Memorial Fund made a grant to the United Charities of \$5,000.00 for the season's infant welfare work. Until this time support for the stations had been uncertain. This definite appropriation made several important steps possible. The growing interest in the community had made agencies engaged in baby work conscious of each other's existence, and this led to a conviction that there was great need of better co-ordination and co-operation among the many different societies.

Through this appropriation it became possible to create a committee of interested people, with the Health Commissioner as chairman, and, with Dr. Caroline Hedger as the executive head, whose purpose was to bring all these agencies into a closer understanding and better working arrangement. A plan was worked out by the committee, which districted the city and which took cognizance of the most effective service each group could render. This information was embodied in pamphlet form, giving the names, addresses and telephone numbers of all the different agencies. It gave a concrete picture of the infant welfare resources of the city. It was distributed to nurses, agents of the different societies and inter-

ested people, and greatly aided in the prompt reference of cases to the most effective sources of help.

The nurses of the Health Department worked under the general direction of this committee; visiting nurses and other social workers co-operated closely.

For a week before the campaign began the nurses were given a course of instruction, which covered their duties and the most effective way to work with the different agencies in the city.

A second step made possible was to increase the number of tents as resources for the congested districts in the heavy mortality months. A glance at the chart on page 21 shows both the average and the relative number of baby deaths by months for a 30-year period. The showing for New York, Philadelphia, Boston, and other large cities, would be substantially the same if their baby deaths were graphically represented.

This chart clearly indicates that summer is the most severe testing time of the baby's endurance, but it is also an argument for year-round care, for a well-fortified baby should be able to offer resistance sufficient to take him through the year. It is the weakened, sickly children who are most likely to succumb to the problem caused by summer heat.

A third important step made possible was the procuring of nurses for study and supervision of the work of the Chicago Milk Commission. This organization had been started in 1903 by the Children's Hospital Society. Its purpose was to improve the milk supply and to supply pasteurized milk of good quality, in different modifications, for the people living in congested districts. Many problems had developed during the conduct of this work. There was difficulty in securing the right kind of milk, and it was often from twenty-four to thirty-six hours old before received for pasteurization. There were also many complaints about distribution, sour milk, and dirty bottles. Most serious, however, was the growing conviction that not enough attention and supervision was given to the individual babies and their mothers, and the fear became well grounded that emphasis placed on the number of bottles of milk distributed in this form was in many cases encouraging



INTERIOR OF TENT

"At the close of their ninth summer's work, the baby tents had cared for 1,260 sick babies in ten weeks. Three hundred and eighty-eight of these were tent patients and spent from 1 to 48 days each in the little white cribs, and eight hundred and seventy-two were clinic babies, whose mothers brought them daily for examination, treatment and advice. In all, the seven tents gave 3,351 days of tent care to the bed patients, and 2,073 visits were made to the morning clinics by babies who did not require the day camp treatment.

Home investigations by follow-up nurses showed why some of the babies were brought to us. The majority of their families lived in rear flats, and the flats averaged 4 rooms each. The usual rent paid was \$10 a month, the income ranging from nothing to \$20 per week, the average being \$10.

The tents were open ten weeks, and during the last fortnight the field nurses visited every home that had sent a baby to the tents during the summer. Of the 1,260 babies cared for, 1,141 were living on Sept. 13th, when the tents were closed. Of the one hundred and eleven who died, fifteen were moribund when brought to the tents, forty-six died in their homes after having been away from the tents for more than three days, twenty died in their homes under our care, twenty-eight died in hospitals, and one died in the tent. Thirty-three of these babies had been brought to the clinics from one to eight times.

These babies came, for the most part, from the poorest, most crowded homes. Fifty-nine came from homes where the families averaged from one to two persons to a room, and seventeen came from homes averaging two or more persons to a room.

The tents were used for sick babies, not as day nurseries, but frequently parents refused to leave even sick babies until two or three days of clinic treatment had convinced them that the tents were sincere in their desire to help, not to harm, their little ones."—Annual Report, Visiting Nurse Association, 1913.



the premature weaning of babies, and defeating the general aim of the Commission.

The Relief and Aid Society had co-operated closely for a number of years in the work of the milk commission. At one important crisis in its work the Society gave quarters for the milk commission laboratory on the grounds occupied by its woodyard. It conducted one of the stations, and worked closely with it in many other ways, and was deeply interested in all these problems.

By this time there were thirty milk commission stations. They were in field houses, settlements, dispensaries and other similar places. The theory was that milk should not be sold excepting on the prescription of doctors, nor was the feeding to be changed without their advice. The people in charge of the stations were usually employes of the place where the station was located. The care of the milk was not necessarily their first or only duty. They were not chosen with reference to their qualifications for running a station. Funds had not been available to furnish the proper kind of supervision. Consequently there was a growing conviction that a careful study should be made of the conduct of the stations and of the efficiency of the work of milk distribution in this form. A portion of the grant from the Elizabeth McCormick Memorial Fund was used to employ a trained nurse at each station of the Milk Commission, who supervised the sale of the milk and visited the homes to make sure that her instructions about feeding were being observed.

The general Infant Welfare Committee referred to, besides giving general direction to the work, endeavored to act as a recorder and interpreter of experience and information which might aid in working out a program for the city.

During the season of 1909, 25,000 visits were made to over 17,000 different families. The field work was done by nurses from the Health Department, which had received an increased appropriation for infant welfare work, by the nurses of the Visiting Nurse Association and other social workers. Two thousand eight hundred and fifty-seven sick babies were discovered and dealt with. All the different agencies working in this field were more conscious than ever of baby needs, and gave more definite and specialized care.

Besides the active work in dealing with definite cases, pamphlets, written by the most competent physicians in the city and printed in different languages, were distributed to the mothers. These gave instruction on the care and feeding of babies; the Health Department bulletin specialized on infant welfare work. The daily press gave publicity to the different activities, and the papers of the different nationalities entered heartily into the campaign and helped to carry stories of interest and items of instruction to practically all the homes in the city.



**A CLASS FOR "LITTLE MOTHERS" IN A PARK FIELD HOUSE**

One of the developments has been classes for "little mothers." It is a relief to the little girls who must care for the babies to be able to attend such classes. It is also, of course, a distinct relief to the babies, because it results in better care and less colic. This work is carried on by the Department of Health of the City of Chicago.

One of the definite results of the season's work, as set forth in the Health Department figures, was the saving of 614 babies' lives. These figures were based on the mortality statistics compared with other years. The supervision of the nurses at the stations of the milk commission revealed many problems to be corrected. It was found that, while prescriptions were supposed to be made by doctors, their instructions were often negated by the work of incompetent people in charge of the stations. Often a mother, a child or a neighbor, who came for the milk, would choose another modification than that prescribed, because it was in a bigger bottle and looked like a better bargain. There was often an entire absence of the proper kind of care of the milk or any appreciation of the necessity of such care by the people in the home. Babies were fed whenever they cried, frequently using up a whole day's feedings within a few hours. The need of education and advice and some system that would deal individually with the baby and its mother was very apparent. There was no way of getting knowledge as to whether the mother might nurse the child herself if she could have a little guidance and advice; and the fact that milk could easily be procured from the commission stations was found to be a frequent cause of premature weaning. The whole experience pointed to the need of correcting certain difficulties, and especially of giving a different expression to the work of the commission.

While house-to-house visitation to discover sick babies, necessary because of the absence of registration data, was an expensive and faulty way of doing the work, it nevertheless shed new light on the problems surrounding the babies of the community. One of the results was to point out the need of raising the standard of relief work. When the nurses and the baby workers found babies languishing and in pain because of improper kinds of artificial food when their mothers were away and working at an insignificant wage, it pointed to the necessity of a different adjustment; for it was the mother's presence in the home and not that of a succession of social workers that was chiefly needed.

The work of the Infant Welfare Committee, reaching, as it did, back into the community through a large number of

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interested persons from the boards of managers of all these different agencies, resulted in a distinct gain in public education and sentiment on the baby question.

The campaign of 1910 was carried on along similar lines and had an increased appropriation from the Elizabeth McCormick Memorial Fund. It had the advantage, also, of previous experience. The general committee continued its work, and Dr. Hedger was again at its head. A new feature created to help visualize the problem was a baby register. In it were gathered the names of all the babies who could be discovered. These were reported from churches, nurseries, and other agencies knowing about the location of babies, as well as from the county clerk's office; for the latter recorded only about half the births in the city. Each card had a marker with appropriate colors, each color acting as a banner, indicating the child's condition and needs, and the agency affording relief. It gave a miniature picture of the babies of Chicago and of what was happening in their ranks.

To the resources of the other campaign were added, this year, moving pictures in the five-cent theaters, and lectures in churches and halls and on streets. The Civic Federation gave publicity through a bill-board poster, which pictured the results of proper and improper care of babies. The anti-fly campaign was a part of the program. The citizens, grown-ups as well as children, learned new and pointed lessons about the danger of this insect as a carrier of diseases; and garbage pails, refuse and decaying material were charged with their part as destroyers of infant life.

A large number of inexpensive ice boxes were distributed, and helped to keep the daily food supply of several hundred babies sweet and wholesome during the summer months. The Chicago Daily Tribune furnished ice, and in connection with the work ran daily stories and health hints, which were perhaps the precursors of what is now a permanent feature of that paper.

This year again the Health Department figures indicated a saving of about 700 babies' lives. There was better team work among the different forces, and some of the crudities of the earlier experience were eliminated.

The campaign of 1911 was much the same.

In 1912 the work of the milk commission was reorganized

# Keep Baby's Milk Clean and Cool

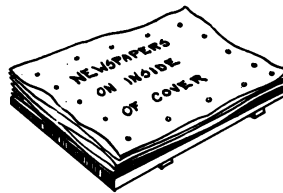
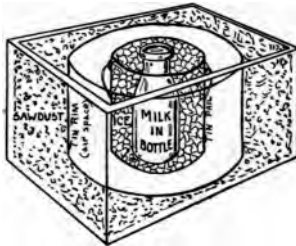
Use only  
Good  
Bottled  
Milk.



Keep the cap  
on the bottle -  
Keep the  
bottle in a  
clean, cool place.

NEVER ALLOW FLIES NEAR MILK.

HERE'S A CHEAP HOME-MADE ICE BOX  
Cost, 30 cents; Ice, 2 cents per day.



Department of Health, Chicago.



*Courtesy of the Department of Health*

and the name changed to the Infant Welfare Society of Chicago. Emphasis of the work was changed from that of milk distribution to definite, intensive care of individual babies, and the purpose is to keep well babies well. It established its stations in the congested parts of the city; a staff of physicians, under a man as chief, who is specially trained and qualified for this service, serve at the different stations. Nurses are in attendance and assist in weighing and caring for babies, and also visit the homes of all the children who come. Great emphasis is placed on breast feeding, and everything possible is done to bring about this end. Often milk is provided for the mother instead of for the baby. Where artificial feeding is absolutely necessary, a good quality of milk is sent to the home, a prescription having been made by the doctor, and in the home the nurse teaches the mothers how to modify and prepare the milk and how to keep it sweet and wholesome.

The society now cares for about 3,000 babies a year, and only about 30 out of each 1,000 of these babies die.<sup>1</sup> This number deserves to be emphasized the more, as many authorities believe 70 per thousand, the lowest obtainable infant death rate.\* Westergard has investigated infant mortality among the children of the English high nobility, children born under the most favorable conditions and cared for in the very best way, and he found, even there, a death rate of 70 per 1,000.<sup>2</sup> Thirteen Infant Welfare stations are now operated in Chicago, and a campaign, which it is hoped will bring in money to greatly increase their number, is in progress.

Chicago's program for infant welfare, however, is by no means complete. But many steps have been taken which are pointing the way. The different agencies are working together more effectively. The Infant Welfare Society has its stations scattered over the city; perhaps most significant of all is the increased recognition of the Health Department. For the season of 1914 it has an appropriation that will enable it, besides putting nurses in the field, to establish four Infant Welfare stations. This will be the entering wedge, and Chicago people may look forward confidently to the time when

\*New Zealand in 1913 brought the death rate of infants down to 51. (See p. 17.)

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this important work will be adopted by the Health Department, as the New York Health Department has done.

In the summer of 1906 the New York Society for Improving the Condition of the Poor followed the Chicago tent station experiment. A substantial amount of money enabled them to place a very desirable equipment at the foot of 65th street and the river. An aggressive campaign on the part of the nurses radiating from the station reached over 100,000 tenement homes. The information secured about babies, the results accomplished during the summer, and the convictions growing out of the knowledge, led New York into advance measures of caring for its babies. Milk stations were established, and these rapidly passed from places of distribution of milk to consultations, home visitation by nurses, and a plan of individual care and attention for both mother and child. The influence spread, and now New York's remarkable Bureau of Child Hygiene is a permanent function of the Health Department. In 1913 New York City had reduced its baby death rate of 101.9, whereas, in the country in general it is something like 150 out of each 1,000<sup>8</sup>. While this is high compared with New Zealand, where the year-round work of consultations for mothers and babies has brought the death rate down to 51 for the whole country, it is nevertheless remarkable that the largest city in our country should have a death rate among its babies so far superior to the rest of the nation.

Like Chicago, New York discovered that the plan of house-to-house visitation is an expensive and wasteful way of doing work. Now its registration law reports over 95 per cent of births within two or three days after the baby is born. Dr. Josephine Baker, the head of the Bureau of Child Hygiene, ascribes their success in helping babies largely to this fact. It enables them to send a nurse into the home well within the child's first week, and this means that there is an intelligent knowledge as to whether the baby and its mother are receiving that modicum of care which the community now knows is essential, and which it wills each of its new-born citizens shall have.

Other cities have followed on much the same lines. Boston, Cleveland, Philadelphia—indeed there is some distinct



movement for babies in many of our largest municipalities. Nationally, we have an Association for the Study and Prevention of Infant Mortality,<sup>4</sup> and the National Children's Bureau<sup>5</sup> is making birth registration and general problems of infant welfare chief objects of its early undertakings; for it has found that the most effective help that can be rendered to an individual is that which society now knows how to give to the newly-born child.

This is a world-wide movement. The nations of the earth are all interested. They are accepting the test that the rate of infant mortality is the best index of a civilization.

Besides the national organization to prevent infant mortality, an international association for the protection of child life was formed in 1907.<sup>6</sup> Its aim is to connect the national organizations and to prepare international congresses for the discussion of infant welfare problems common to all nations.

Two widespread popular beliefs had a large responsibility for one hundred years of world-wide, complacent inaction and neglect on the question of baby deaths.

The first of these was the famous doctrine of Malthus, "that there is an inevitable tendency for the population to out-run the food supply of the earth."

Not only did many other political economists share his forebodings regarding this "menace," but preachers, writers and lecturers of the day took a very pessimistic view of the situation, and wrote and spoke eloquently of the necessity of stemming the "devastating torrent of babies." This, they were convinced, must be done if any lasting benefit was to be effected in the condition of the poorer classes. Less than one hundred years ago the fear of over-population was a specter in the public mind.

The second doctrine was a rather logical sequence of the natural selection theory, and was to the effect that "infant mortality covers the babies who are born sickly and disabled in body; that those who survive are the best and healthiest." Here was another general belief that laid a strong hold on the popular mind and broadly affected social policy and conduct.

In the light of this doctrine, infant mortality had the

beneficent effect of aiding in the selection of a race that was fit to survive, and the community might view its operations with complacency, even though for a century each year saw the ranks of its babies more than decimated.

Less than one hundred years has witnessed a remarkable change in the world's point of view on this question. There is a deep concern in every civilized country about declining birth-rates and high rates of infant mortality. Campaigns for the prevention of baby deaths are under way or are springing into existence all over the civilized world. The fear of over-population has given way to anxiety about under-population, and notably in France, of depopulation, for in 1907 there were 20,000 fewer births than deaths in that country.<sup>7</sup>

There was also an awakening on the question of the beneficent effect of deaths as an aid in selection. Medical science and social statistics began to prove that infant mortality did not necessarily contribute to the improvement of the race. A high mortality did not necessarily remove simply the unfit. The blighting effects of disease and ignorance which snuffed out fit and unfit alike also left their mark on others who managed to live.

This relationship is clearly demonstrated by an interesting investigation into the causes of variation in the physical condition of children in a single school which is recorded in the 1905 report of the Education Committee of the London County Council.

Each one of the 405 boys in attendance at the school was carefully weighed and measured and given a thorough physical examination. From these findings a physique curve was plotted which displayed the actual conditions discovered as compared with the normal. In their effort to find the reasons for the variations in the curves, the investigators turned to the baby death records of the neighborhood.

To quote from the report:

"When the infantile mortality for the parish in which the school is situate was charted above the physique curve, an absolute correspondence is to be observed. The children born in a year when infant mortality is low show an increased physique, rising nearest to the normal in the extraor-

dinary good year 1892; and those born in the years of high mortality show a decreased physique. . . It appears certain, therefore, that in years of high infant mortality the conditions, to which one in five or six of the children born are sacrificed, have a maiming effect upon the other four or five."

In Germany, Professor Hugo Neumann, one of the greatest authorities on this question, investigated the number of the young men who had to enter the army. He found that among those refused because of poor health was a bigger percentage of illegitimate than of legitimate birth despite the much higher mortality of illegitimate male infants.<sup>8</sup>

In this country it is estimated that 150 out of every 1,000 babies born, die before they reach their first year of age. This



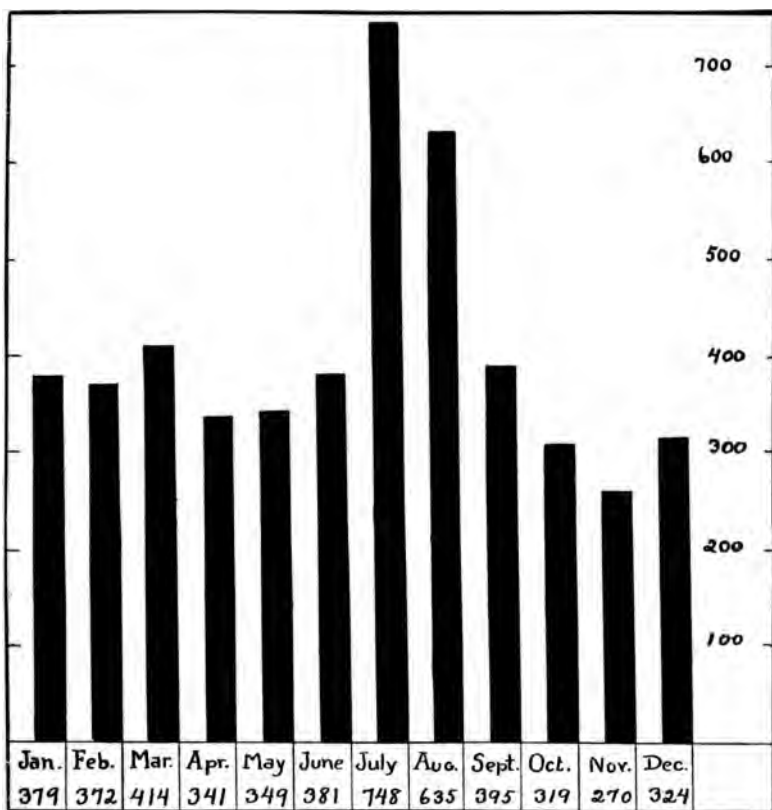
**SOUTH CHICAGO BABY TENT**

A roof station under the shadow of the steel mills in South Chicago—a district where infant mortality was heavy and where there were practically no resources for baby care at the time the station was introduced.

is a little more than one out of every seven, and it means that there are about 280,000 funerals of babies under a year of age in this country annually. The mortality in battle in the Boer War on each side was one in twenty. In our Civil War it was one to a little more than four. Thus soldiers in the first struggle were safer, three to one, on the battle field than is a baby in his cradle in this country during his first year, and it was not quite twice as dangerous to be a soldier in the Civil War from 1861 to 1865 as it is to be a baby in 1914. The population grows out of the children, and the children must be babies first. Removing the mere act of being a baby from the list of "extra hazardous pursuits" is a task to which each community should whole-heartedly give itself.

There are many steps yet to be taken in safeguarding working mothers. The following pages give some of the measures already accomplished in Germany, France and England. Our national children's bureau has recently issued a special bulletin on the thrilling story of New Zealand's achievements in infant welfare work, bringing her death rate down to 51 per thousand.<sup>9</sup>

In all these countries birth registration is a long established fact. Reference has been made to the part it plays in New York. The mere name, birth registration, possibly has an academic, coldly statistical sound. Nothing could be farther from the truth, for in essence it is a guiding star, leading those who are learning to be the wise men and women of our day to the cradles of new-born citizens. There are many good gifts which the community has to bestow—a wealth of knowledge and good will, which offered at the cradle, will prevent blindness, save life, ward off illness and disaster, make mothers more efficient and happy, and give babies a real chance. There is a fine reflex on the city, too, for the same interest that seeks out the mother and her child will increasingly strive to make the city a fit place to welcome and nurture its children.



The average number of deaths of Chicago babies under one year of age, from 1871 to 1910, inclusive, is shown in this chart, which gives the average for each month. The figures are taken from the 1910 report of the Chicago Health Department, page 381.

The chart shows conclusively how much need there is for extra remedial work for babies for the two hot summer months.

## Infant Welfare Activities in European Countries

### SIGNIFICANT MEASURES IN GERMANY.

#### THE EMPIRE.

The German Empire, alarmed by the increase of infant mortality, and believing it almost entirely a problem of the infants who are not nursed by their mothers \* has taken certain definite steps to protect the child by protecting the mother.

a. The code regulating the conditions of industrial laborers forbids night work for women and the employment of women in industries that are particularly dangerous for their health, for instance, the industries that necessitate the use of lead. It forbids the employment of pregnant women in industry for eight weeks, six of which must follow the confinement.<sup>10</sup>

b. The insurance law against illness covering, with very few exceptions, all laborers who earn less than \$625.00 a year, grants to the pregnant woman, if unable to work in consequence of her pregnancy, financial help (at least half of her daily wages) for six weeks, and the help of a midwife or physician free of charge. It grants to the mother confinement in a hospital or pays her a certain amount of money (at least half of her daily wages) for eight weeks, six of which must follow the confinement, and the help of a midwife or physician free of charge. Besides that, the mother may get considerable financial help for twelve weeks if she nurses her baby.<sup>11</sup>

c. The civil code regulates the legal position of the unmarried mother and her child and the duties of his father.<sup>12</sup>

Besides that, it provides general guardianship for

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\*German physicians are very much interested to find out the proportion of infant mortality among nursing babies and babies artificially fed. They consider it very important to register on the death certificate how long the baby has been nursed and if it was a nursing baby at the time of death.

illegitimate children (under certain conditions, also for legitimate children) by authorizing the municipalities to appoint an officer subordinate to the city government as general guardian, or by allowing certain institutions and corporations to take charge of it through their presidents or boards.

d. From the funds of the Empire, financial help to the amount of \$15,000 a year is given to the Kaiserin Augusta Victoria Haus, Charlottenburg; a local institution, as it is a hospital for pregnant women and for sick babies connected with an infant welfare station, milk dispensary, etc. but of a country-wide significance by the education it gives to physicians and nurses and by the splendid scientific work it does.

#### THE STATES.

Many of the German states, for instance, Prussia, Bavaria and Hamburg, have created central organizations to meet the problems of infant welfare. Through these organizations it is possible to a certain degree to have a whole territory profit by the progress made in scientific and practical work. Information as to the treatment of the pregnant mother and the baby is carried to the remotest village, by pamphlets distributed through the registration offices. Infant welfare stations in small places get financial help.

#### THE CITIES.

The cities co-operate in the prevention of infant mortality by:

a. The establishment of the general guardianship to which they are authorized by the civil code. In 1909 about 200 general guardianships existed in Germany. The mortality of illegitimate children decreases considerably in cities with general guardianship.

|            |                  |
|------------|------------------|
| Dresden    | in 3 years, 3%   |
| Danzig     | in 8 years, 13%  |
| Bonn       | in 4 years, 7%   |
| Halle      | in 6 years, 5%   |
| Strassburg | in 8 years, 10%  |
| Leipzig    | 9% <sup>13</sup> |



b. Supervision of the babies, mostly illegitimate, who are placed out with a family not related to their own.

c. The establishment and support of hospitals and institutions.

d. The establishment and support of infant welfare stations and the organization of their follow-up work.

e. They encourage the mothers in every possible way to nurse their babies, mostly by granting financial help. They procure milk according to the prescription of the physician, either for the babies who are not nursing babies or for their mothers.

#### PRIVATE INITIATIVE.

Private initiative has also done much to save the babies' lives.

a. Private corporations have been trying to insure the mother for the time of the confinement.\*

b. In small places an infant welfare station may sometimes be established by a private organization.

c. The establishment and support of day nurseries. Not infrequently day nurseries are established by factories where the mothers who work in the factories can nurse their babies.

d. Support of the mothers who have to be confined in their own houses by furnishing them with a woman somewhat trained in nursing, who at the same time takes care of the household.

e. Establishment and support of refuge homes for unmarried mothers, maternity homes, etc.

### INFANT AND MOTHERHOOD PROTECTION IN FRANCE.

According to Jacques Mornet, the year 1907 in France saw twenty thousand more deaths than births. Germany had in the same year an excess of 900,000 births over deaths, and England an excess of 400,000. Between 1907 and 1886 the number of births in France had fallen from 927,000 to 774,000.

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\*This is important for those not covered by the illness insurance law, but, as the insurance is not compulsory, it is used only by the most intelligent women, not by those who need it most.

In the year 1800 every household had an average of 4.44 infants; in 1907, 2.07 was the average.<sup>(7)</sup>

The Commission of Depopulation reporting in 1909 gave as reasons for the decrease in the number of births:

- a. The spread of the Neo-Malthusian doctrines, which justified the prevention of conception.
- b. The increase of venereal disease, which rendered marriages sterile.
- c. Industrial conditions, which imposed upon the working classes poor food, insanitary dwellings, and increased employment of women in factories and shops.
- d. The law which forbade investigation of the parentage of an illegitimate child.
- e. The increased ease with which divorce could be obtained.
- f. The lack of special laws for the protection of pregnant women.

While the decrease in the number of children born undoubtedly overshadowed the dangers of infant deaths through the first year of life, measures to prevent infant mortality formed an important part of the work of the Commission of Depopulation. Among these measures may be included:

- a. Consultations for pregnant women. The origin of these consultations are the "Gouttes de Lait," the milk distribution offices, that represent the first measure for the purpose of decreasing infant mortality. The consultations are now held in practically all the maternity hospitals of the larger towns and cities. In some cities, a woman who comes for advice early in pregnancy and attends the clinics regularly until confinement, is given a cradle and a layette and a certain grant of money at the time of confinement.
- b. Refuge homes for unmarried mothers and working women. These are maintained by municipal and private agencies and usually give continuous care during the last few months of pregnancy and confinement.
- c. Money grants during pregnancy.

1. The public charity bureau at Paris grants 15

to 25 francs a month during the last two months of pregnancy.

2. In the various departments of public service, as in the postal and telegraph service, women have the right to a month's leave of absence at the time of confinement, with all the expenses of medical care defrayed, and in some departments they receive in addition a portion of their salary.

3. Teachers have a month's leave of absence with all expenses of treatment paid.

4. In match and tobacco factories the working women get a grant of 30 francs on confinement and for a month following they draw a daily grant of one franc and 40 centimes. If the mother nurses her child she gets 10 francs additional for the first four months following her child's birth.

5. The Metropolitan Railroad of Paris gives all women employed by the company medical care and free medicine. At the time of confinement three midwives employed by the company take care of the women free of charge. The woman's salary is paid up to her complete recovery, and, if necessary, for a year.

6. At the Bon Marche, every employe at the time of confinement gets an indemnity of 100 francs, and her place is held for her during her absence. In this way mothers can leave the store for a year to take care of their infants. Many stores, in addition, maintain day nurseries in connection with the establishment, where the mothers can go to nurse their babies several times a day.

d. Maternity Hospitals.

e. Care of women in home during confinement.

1. Necessitous women may come to the district charity offices in Paris to ask for a money grant. After investigation, the grant is made and the woman can choose her midwife from an approved list of those living in her district. The midwife must give help as

needed up to the fifteenth day after confinement. The city pays her fifteen francs for her services.

2. Free medical assistance is provided by the city.

3. Many mutual aid societies provide care for their members during confinement.

4. There are several private foundations, and many religious orders, which either make money grants or send practical nurses into the homes of working women at the time of their confinement.

Finally, the "canteens" deserve to be mentioned, restaurants in the poorer quarters of Paris, where any nursing mother can get a meal for a nominal amount or free of charge if she is too poor to pay.

### **INTERESTING FEATURES OF INFANT WELFARE IN ENGLAND.**

The average annual mortality in England is sixteen in the thousand. The death-rate per thousand of infants under one year is 106.<sup>14</sup> It is exceptionally high in manufacturing towns, especially those where textile industries flourish.

At the labor conference in Berlin in 1890 a restriction by law of woman's labor at the time of child-birth was unanimously declared to be desirable. But it was six years after such a law had been passed in England before the first prosecution was instituted under it. The employer was convicted and fined, and retaliated by promptly dismissing the woman. Only two other cases were brought to trial within thirteen years.<sup>15</sup>

One reason, therefore, for the mortality in England is the fact that this law regulating the employment of mothers after child-birth has never been satisfactorily enforced.

English statistics agree with those of other nations in proving a higher death-rate of artificially fed babies as compared with the breast fed babies. The statistics gathered in Birmingham, England, seem to prove that the mortality is so high as 30 times greater.<sup>16</sup>

Dr. Hope, in Liverpool, found that the deaths from diarrhoea among children under three months of age, either whol-

ly or partly fed on artificial foods, are fifteen times as great as among an equal number of infants fed upon breast milk.<sup>17</sup>

Besides the law forbidding the employment of women for four weeks after confinement above mentioned, national measures for reducing infant mortality in England include:

- a. The Midwives' Act, 1902, concerning the education of the midwives.

- b. The Notification of Births Act concerning the registration of births. The Registration Office has to be notified of a birth within six hours, and has to forward the notification to the officer of health within 36 hours.

- c. The Children's Act, 1908, Articles 1 to 11, providing supervision for all those who receive children under seven years for reward.

- d. The grants of the recent insurance law for maternity. Seven and one-half shillings at the time of confinement is guaranteed by the act.

The municipal governments of England have taken up very thoroughly:

- a. The supervision of the milk supply of the city.

- b. The establishment of municipal milk depots where nursing mothers can receive milk for themselves, and where women who are unable to nurse their children may be assured of getting pure milk for the infants.

In connection with the municipal milk depots, and with other private agencies of a similar kind among volunteer committees, the health visitors have been organized, who go into the homes of women expecting confinement and young mothers, and advise them about the proper care of the baby. Courses in infant care are being introduced in the schools, and the formation of "Little Mother" classes is progressing rapidly.

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